

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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FILE

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LOBBYIST REGISTRATION FORM

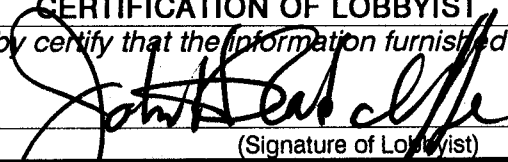
(See back of this form for instructions)

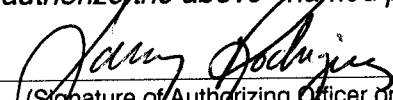
(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
RADCLIFFE	JOHN		808/536-7557
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
222 S. VINEYARD ST., STE. 401	HONOLULU	HI	96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
RADCLIFFE & ASSOCIATES, LLC			808/536-7557
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
222 S. VINEYARD ST., STE. 401	HONOLULU	HI	96813-2453

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII ACCOUNTANTS COALITION			808/531-2037
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
2400 PAUHI TOWER, 1001 BISHOP STREET	HONOLULU	HI	96813-3429
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MELODY T. BUTAY			808/536-7557
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
222 S. VINEYARD ST., STE. 401	HONOLULU	HI	96813-2453

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	(Date)
(Signature of Lobbyist)	

PART V AUTHORIZATION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
LARRY RODRIGUEZ	CHAIRMAN HAWAII ACCOUNTANTS COALITION		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
HAWAII ACCOUNTANTS COALITION	808/531-2037		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
2400 PAUHI TOWER, 1001 BISHOP ST.	HONOLULU	HI	96813-3429
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
			1/23/03
(Signature of Authorizing Officer or Person Represented)			(Date)